

# Teamster Student Day Benefit Information

## Eligibility

All employees may enroll in the District’s health benefit plans effective the date of hire.

## Base Plan (Formerly Option 2) – Bi-Weekly Contributions

	Medical	Prescription	Dental	Vision
Employee	\$476.26	\$135.96	\$19.05	\$4.35
Employee + Child	\$887.25	\$272.24	\$33.52	\$8.49
Employee + Child(ren)	\$1,008.65	\$272.24	\$59.97	\$8.49
Employee + Spouse	\$1,136.14	\$367.42	\$33.52	\$8.49
Employee + Family	\$1,269.27	\$367.42	\$59.97	\$8.49

Contributions are taken 18 times per year between September and June.

## Basic and Major Dental Services

Basic services covered at 80%, major services covered at 50%, to a maximum of \$1,500